





## SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use

COUNTY:MACON COUNTY	Service:AIRPORT
1. Check the box that best describes the agreed  Service will be provided countywide (i.e., in	refrantia a n. 190
SERVICE PROVIDER: CITY OF MONTEZUM	icluding all cities and unincorporated areas) by a single service provider. (If nuthority or organization providing the service.):
Service will be provided only in the unincorp checked, identify the government, authority or	porated portion of the county by a single service provider. (If this box is organization providing the service.):
One or more cities will provide this service o in unincorporated areas. (If this box is checked	nly within their incorporated boundaries, and the service will not be provided, identify the government(s), authority or organization providing the service:
One or more cities will provide this service of service in unincorporated areas. (If this box is c service.):	nly within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible</u> identify the government, authority, or other organization)	e map delineating the service area of each service provider, and inization that will provide service within each service area.):
In developing this strategy, were overlapping seidentified?	ervice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional doc	umentation as described, below)
⊠No	
erlapping service areas or competition cannot be	
these conditions will be eliminated under the stra Il be taken to eliminate them, the responsible par	ntegy, <u>attach an implementation schedule</u> listing each step or action that ty and the agreed upon deadline for completing it.

Local Government or Authority	Em diam	Mathad
CITY OF MONTEZUMA	AD VALOREM TAXES; GRANTS; HANGA	AD LEACES
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low will the strategy change the prev	rious arrangements for providing and/or fund	ing this service within the country
		ing this service within the county?
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ist any formal service delivery agree	ments or intergovernmental contracts that wil	Il bo used to involve a till
nis service:	or interget of fine that contracts that will	in be used to implement the strategy
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Agreement Name	Contracting Parties	
	Contracting Parties	Effective and Ending Date
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/hat other mechanisms (if any) will be its of the General Assembly, rate or f	e used to implement the strategy for this serv	ice (e.g., ordinances, resolutions, lo
/hat other mechanisms (if any) will be ts of the General Assembly, rate or f	e used to implement the strategy for this serv ee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or f	e used to implement the strategy for this serv ee changes, etc.), and when will they take ef	rice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will be cts of the General Assembly, rate or f	e used to implement the strategy for this service changes, etc.), and when will they take ef	rice (e.g., ordinances, resolutions, lo
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Vhat other mechanisms (if any) will be cts of the General Assembly, rate or f	e used to implement the strategy for this serv see changes, etc.), and when will they take ef	rice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will be	e used to implement the strategy for this serv ee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, lo
The second of th	ee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, lofect?
erson completing form: <b>Roselyn H S</b>	tarling	ice (e.g., ordinances, resolutions, lofect?
erson completing form: <b>Roselyn H S</b>	ee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, lofect?
erson completing form: <b>Roselyn H S</b> none number: <b>478-472-7021</b> Da	tarling ate completed: Type Date Here	fect?
Person completing form: Roselyn H S hone number: 478-472-7021 De	tarling te completed: Type Date Here	fect?
Person completing form: Roselyn H S hone number: 478-472-7021 Da	tarling te completed: Type Date Here	fect?
erson completing form: <b>Roselyn H S</b> none number: <b>478-472-7021</b> Da this the person who should be conta	tarling ate completed: Type Date Here cted by state agencies when evaluating where delivery strategy? □Yes ☑No	fect?
Person completing form: <b>Roselyn H S</b> hone number: <b>478-472-7021</b> Da	tarling te completed: Type Date Here cted by state agencies when evaluating where delivery strategy?  Yes  No	fect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1.

should be reported to the Department of Community Affairs.	essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service:BOARD OF ELECTIONS
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including box is checked, identify the government, authority.)	on delivery arrangement for this service:  ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):MACON COUNTY
	tod portion of the
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method	
MACON COUNTY	GENERAL FUND	
CITY OF MONTEZUMA	GENERAL FUND	
CITY OF OGLETHORPE	GENERAL FUND	
CITY OF MARSHALLVILLE	GENERAL FUND	
CITY OF IDEAL	GENERAL FUND	
	GLINERAL FUND	

CHANGE		

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmetnal agreement	CITY OF MONTEZUMA	NOV 1, 2015 - NOV 1, 2018
Intergovernmental agreement	CITY OF MARSHALLVILLE	NOV 1, 2015 - NOV 1, 2018
ntergovernmental agreement		NOV 1, 2015 - NOV 1, 2018
Intergovernmental agreement	CITY OF IDEAL	NOV 1, 2015 - NOV 1, 2018
- Carrier - Carr		

<ol><li>What other mechanisms (if ar acts of the General Assembly)</li></ol>	ny) will be used to implement the strategy for this so , rate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local
and of the contral Addembly,	, rate or ree changes, etc.), and when will they take	effect?
er er		

- 7. Person completing form: Roselyn H Starling Deputy County Manager/CFO
  Phone number: 478-472-7021 Date completed: Type Date Here
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below:







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as should be reported to the Department of Community Affairs.	rvice listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. necessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: BUILDING INSPECTION
Check the box that best describes the agreed     Service will be provided countywide (i.e., in this box is checked, identify the government, a	I upon delivery arrangement for this service: ncluding all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincorp checked, identify the government, authority or	porated portion of the county by a single service provider. (If this box is organization providing the service.):
One or more cities will provide this service of in unincorporated areas. (If this box is checked	only within their incorporated boundaries, and the service will not be provided it, identify the government(s), authority or organization providing the service:
SERVICE PROVIDER; MACON COL	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the JNTY HAS A FULL-TIME BUILDING INSPECTOR ON STAFF; CITY OF CONTRACT WITH MACON COUNTY TO PROVIDE THIS SERVICE. CITY RIVATE COMPANY. CITY OF IDEAL DOES NOT HAVE BUILDING CODE
Other (If this box is checked, <u>attach a legible</u> identify the government, authority, or other organization)	e map delineating the service area of each service provider, and anization that will provide service within each service area.):
2. In developing this strategy, were overlapping seidentified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	umentation as described, below)
⊠No	, <b>, , , , , , , , , , , , , , , , , , </b>
f these conditions will continue under this strategy overlapping but higher levels of service (See O.C. overlapping service areas or competition cannot be	y, attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
f these conditions will be eliminated under the stra	ategy, attach an implementation schodule listing coals

liminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method		
CITY OF MONTEZUMA	PERMIT FEES		
MACON COUNTY	GENERAL FUNDS; PERMIT FEES		
CITY OF MARSHALLVILLE	PERMIT FEES		
CITY OF OGLETHORPE	PERMIT FEES		

	7530057257 - 517 <b>9818</b> 07 - 55-10-10	Y	
CHANGE			

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates
	City of Montezuma & Macon County	Jan 9, 2016 - renewal yearly
	City of Oglethorpe & Macon County	Oct 20, 2011 - renewal yearly
	City of Marshallville & Roscoe Miller	Oct 2009
	8	

acts of the	er mechanisms (if ai	ny) will be used to it, rate or fee change	mplement thes, etc.), and	ne strategy for the d when will they t	s service (e.g., ordin ake effect?	ances, resolutions, loca

7.	Person	completing	form:	Roselyn	Н	Starling

Phone number: 478- 472-7021

Date completed: Type Date Here

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below:







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:MACON COUNTY	Service: CEMETERIES	
Check the box that best describes the agreed upo	on delivery arrangement for this service:	
☐ Service will be provided countywide (i.e., include this box is checked, identify the government, authority the government, authority the government.	ding all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):	
Service will be provided only in the unincorporal checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:  A, MARSHALLVILLE, OGLETHORPE, IDEAL	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	nap delineating the service area of each service provider, and zation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	mentation as described, below)	
⊠No		
If these conditions will continue under this strategy, soverlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, <u>attach an implementation schedule</u> listing each step or action that y and the agreed upon deadline for completing it.	
	Davis 4 of 0	

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding	Method
CITY OF MONTEZUMA	GENERAL FUND; USER FEES	
CITY OF IDEAL	GENERAL FUND; USER FEES	
CITY OF MARSHALLVILLE	GENERAL FUND; USER FEES	
CITY OF OGLETHORPE	GENERAL FUND; USER FEES	
How will the strategy change the prev	ious arrangements for providing and/or fund	ding this service within the county?
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Compression Programme Compression appropriate to the first		200 M
List any formal service delivery agree	ments or intergovernmental contracts that w	vill be used to implement the strategy
his service:	8	
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Agreement Name	Contracting Parties	Effective and Ending Dat
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Agreement Name	Contracting Parties	Effective and Ending Dat
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What other mechanisms (if any) will b	e used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
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What other mechanisms (if any) will b	e used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, k
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What other mechanisms (if any) will b	e used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
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What other mechanisms (if any) will bacts of the General Assembly, rate or  Person completing form: Roselyn H S  Phone number: 478-472-7021	e used to implement the strategy for this ser fee changes, etc.), and when will they take of Starling - Deputy County Manager/CFO ate completed: Type Date Here	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or Person completing form: Roselyn H SPhone number: 478-472-7021	e used to implement the strategy for this ser fee changes, etc.), and when will they take of Starling - Deputy County Manager/CFO ate completed: Type Date Here acted by state agencies when evaluating wh	rvice (e.g., ordinances, resolutions, keeffect?

If not, provide designated contact person(s) and phone number(s) below:







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:MACON COUNTY	Service: COURT SERVICES		
Check the box that best describes the agreed upor      Service will be provided countywide (i.e., includithis box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If		
	ed portion of the county by a single service provider. (If this boy is		
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the TY; CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE,		
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
☑ <b>No</b> If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.)	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

/ Funding	Mathad
GENERAL FUND; USER FEES; FINES	ineti100
GENERAL FUNDS; USER FEES; FINES	
GENERAL FUNDS: USER FEES: FINES	
GENERAL FUNDS: LISER FEES: FINES	
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eements or intergovernmental contracts that wi	Il he used to implement the strets and
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Contracting Parties	Effective and Ending Date
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be used to implement the strategy for this server fee changes, etc.), and when will they take et	rice (e.g., ordinances, resolutions, loc ffect?
be used to implement the strategy for this server fee changes, etc.), and when will they take et	rice (e.g., ordinances, resolutions, loc ffect?
be used to implement the strategy for this server fee changes, etc.), and when will they take etc.  Starling - Deputy County Manager/CFO Date completed: Type Date Here	rice (e.g., ordinances, resolutions, loc ffect?
Starling - Deputy County Manager/CFO Date completed: Type Date Here	Tect?
Starling - Deputy County Manager/CFO Date completed: Type Date Here	Tect?
	GENERAL FUNDS; USER FEES; FINES GENERAL FUNDS; USER FEES; FINES GENERAL FUNDS; USER FEES; FINES revious arrangements for providing and/or fund eements or intergovernmental contracts that wi







## **FORM 2:** Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:MACON COUNTY	Service: DOWNTOWN DEVELOPMENT		
Check the box that best describes the agreed upon			
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):		
⊠One or more cities will provide this service only within their incorporated boundaries, and the service will not be provide in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service SERVICE PROVIDERS; CITIES OF MONTEZUMA, OGLETHORPE			
One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Person de of O		

Page 1 of 2

<ol><li>List each government or authority that will help to enterprise funds, user fees, general funds, specia fees, bonded indebtedness, etc.).</li></ol>	pay for this service and indicate how the service will be funded (e.g., service district revenues, hotel/motel taxes, franchise taxes, impact
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NTV OF MONTE	ity Funding	Method
CITY OF MONTEZUMA	GENERAL FUNDS; DONATIONS	<i>mealog</i>
CITY OF OGLETHORPE	GENERAL FUNDS; DONATIONS	
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How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the country?
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₋ist any formal service delivery a nis service:	greements or intergovernmental contracts that w	rill be used to implement the strategy
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Agreement Name	Contracting Parties	Effective and Ending Date
		and Linding Date
Vhat other mechanisms (if any) w	will be used to implement the etrate as for the	
Vhat other mechanisms (if any) works of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) vects of the General Assembly, rate	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) works of the General Assembly, rate	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) vects of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loeffect?
Vhat other mechanisms (if any) vects of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) vects of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo effect?
Vhat other mechanisms (if any) vects of the General Assembly, rate	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
erson completing form: <b>Joyce H</b>	e of fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
and Constant Coombiy, Take	e of fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
erson completing form: <b>Joyce H</b> hone number: <b>478-472-8144</b>	ardy Date completed: Type Date Here	effect?
erson completing form: <b>Joyce H</b> hone number: <b>478-472-8144</b>	ardy Date completed: Type Date Here	effect?
erson completing form: <b>Joyce H</b> hone number: <b>478-472-8144</b> s this the person who should be cojects are consistent with the ser	ardy Date completed: Type Date Here contacted by state agencies when evaluating where rvice delivery strategy? ⊠Yes □No	effect?
erson completing form: <b>Joyce H</b> hone number: <b>478-472-8144</b> s this the person who should be cojects are consistent with the ser	ardy Date completed: Type Date Here	effect?
erson completing form: <b>Joyce H</b> hone number: <b>478-472-8144</b> s this the person who should be cojects are consistent with the ser	ardy Date completed: Type Date Here contacted by state agencies when evaluating where rvice delivery strategy? ⊠Yes □No	effect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:MACON COUNTY	Service: ECONOMIC DEVELOPMENT			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., including this box is checked, identify the government, author AUTHORITY OF MACON COUNTY	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>DEVELOPMENT</b>			
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:			
One or more cities will provide this service only w service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servic identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
f these conditions will continue under this strategy, <u>att</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).			
f these conditions will be eliminated under the strategy will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

 List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

S; HOTEL/MOTEL TAX S S S

CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS	7
CITY OF IDEAL GENERAL FUNDS; GRANTS		
4. How will the strategy change the	previous arrangements for providing and/or fun	P
	or fun	ding this service within the county?
i š		
NO CHANGE		
5. List any formal service delivery a	greements or intergovernmental contracts that w	dill be
this service.	o and a contracts that w	fill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective
		Effective and Ending Dates
What other mechanisms (if any) w	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take a	vice (a - v
acts of the General Assembly, rate	or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca iffect?
Person completing form: Roselva	H Starling - Deputy County Manager/CFO	
Phone number: 478-472-7021	Date completed: Type Date Here	
Is this the person who should be co projects are consistent with the serv	ontacted by state agencies when evaluating whe rice delivery strategy? $oxtimes$ Yes $oxtimes$ No	ther proposed local government
f not, provide designated contact pe	erson(s) and phone number(s) below:	
	, serious,	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	e <b>listed on FORM 1, Section III.</b> Use exactly the same service names listed on FORM 1. essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: EMERGENCY DISPATCH
Check the box that best describes the agreed upo	on delivery arrangement for this service:
Service will be provided as	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): MIDDLE FLINT REGIONAL
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only we service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible ma</u> identify the government, authority, or other organiza	ap delineating the service area of each service provider, and tion that will provide service within each service area.):
. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	ntation as described, below)
⊠No	
these conditions will continue under this strategy, <u>att</u> verlapping but higher levels of service (See O.C.G.A. verlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).
these conditions will be eliminated under the strategy ill be taken to eliminate them, the responsible party a	/, attach an implementation schedule listing each step or action that nd the agreed upon deadline for completing it.

fees, bonded indebtedness, etc.).	at will help to pay for this service and indicate how the service will be funded (e.g., unds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority MACON COUNTY	GENERAL FUND: TELEPHONE CURRENT
	GENERAL FUND; TELEPHONE SURCHARGES

MACON COUNTY	GENERAL FUND; TELEPHONE SURCHARGE:	S
How will the strategy change	the previous arrangements for providing and/or funding this	s service within the county?
NO CHANGE		a a
, o o milital		
12.4		
List any formal service deliver this service:	y agreements or intergovernmental contracts that will be us	sed to implement the strategy fo
Agreement Name	Contracting Parties	· ·
ntergovernmental agreement	Macon County & Middle Flint Regional E-911 Authority	Effective and Ending Dates
	January 2011 Additionly	Sept 23, 2014- Sept 23, 2024
What other mechanisms (if any acts of the General Assembly,	y) will be used to implement the strategy for this service (e.grate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
	,, and the street!	
		э
Person completing form: Rose Phone number: 478-472-7021	lyn H Starling - Deputy County Manager/CFO Date completed: Type Date Here	
Is this the person who should borojects are consistent with the	e contacted by state agencies when evaluating whether proservice delivery strategy? $\boxtimes$ Yes $\square$ No	pposed local government
	ct person(s) and phone number(s) below:	

Page 2 of 2







## FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service Answer each question below, attaching additional pages as necestrould be reported to the Department of Community Affairs.	listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: EMERGENCY MANAGEMENT
. Check the box that best describes the agreed upon	on delivery arrangement for this service:
Service will be provided countywide (i.e., included this box is checked, identify the government, authors macon county	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): <b>SERVICE PROVIDER</b> ;
Service will be provided only in the unincorporal checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, id	within their incorporated boundaries, and the service will not be provided lentify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is che service.):	within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible ridentify</u> the government, authority, or other organization)	map delineating the service area of each service provider, and zation that will provide service within each service area.):
2. In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docur	nentation as described, below)
⊠No	
f these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.Goverlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding I	Method
MACON COUNTY	GENERAL FUNDS; GRANTS	
How will the strategy change the pre	vious arrangements for providing and/or fund	ing this service within the county?
IO CHANGE		
IO CHANGE		
List any formal service delivery agre this service:	ements or intergovernmental contracts that w	ill be used to implement the strategy t
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will	Contracting Parties  be used to implement the strategy for this ser rece changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate o	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate o  Person completing form: Roselyn H Phone number: 478-472-7021	be used to implement the strategy for this ser ree changes, etc.), and when will they take e starling- Deputy County Manager/CFO Date completed: Type Date Here	vice (e.g., ordinances, resolutions, loeffect?







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as ne should be reported to the Department of Community Affairs.	cessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: EMERGENCY MEDICAL SERVICE
Check the box that best describes the agreed u	pon delivery arrangement for this service:
Service will be provided countywide (i.e., incl this box is checked, identify the government, aut MACON COUNTY	uding all cities and unincorporated areas) by a single service provider. (If thority or organization providing the service.): <b>SERVICE PROVIDER</b> ;
Service will be provided only in the unincorporchecked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is rganization providing the service.):
One or more cities will provide this service on in unincorporated areas. (If this box is checked,	ly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
One or more cities will provide this service on service in unincorporated areas. (If this box is ch service.):	ly within their incorporated boundaries, and the county will provide the necked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organ	e map delineating the service area of each service provider, and nization that will provide service within each service area.):
2. In developing this strategy, were overlapping se identified?	ervice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docu	umentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C. overlapping service areas or competition cannot be	y, <u>attach an explanation for continuing the arrangement</u> (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
f these conditions will be eliminated under the strawill be taken to eliminate them, the responsible pa	ategy, attach an implementation schedule listing each step or action that rty and the agreed upon deadline for completing it.

ACON COUNTY  GENERAL FUNDS; AMBULANCE FEES; GRANTS  How will the strategy change the previous arrangements for providing and/or funding this service within the	county?			
How will the strategy change the previous arrangements for providing and/or funding this service within the	county?			
How will the strategy change the previous arrangements for providing and/or funding this service within the	county?			
How will the strategy change the previous arrangements for providing and/or funding this service within the	county?			
low will the strategy change the previous arrangements for providing and/or funding this service within the	county?			
low will the strategy change the previous arrangements for providing and/or funding this service within the	county?			
low will the strategy change the previous arrangements for providing and/or funding this service within the	county?			
		g this service within the cou	ngements for providing and/or fu	I the strategy change the previous
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) CHANGE				NCE
CHANGE				NGE
<del></del>			TOWN TO THE PARTY OF THE PARTY	7
ist and formal and is a delicent and a second as interest and the second to implement the second to im		h = = d d = : = l = = d db =		
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the	ie strategy	be used to implement the s	intergovernmental contracts tha	
				ice:
iis service.	nding Date	Effective and End	Contracting Parties	reement Name
Agreement Name  Contracting Parties  Effective and E	solutions, lo	ice (e.g., ordinances, resolu	o implement the strategy for this	her mechanisms (if any) will be
Agreement Name  Contracting Parties  Effective and E	solutions, lo	ice (e.g., ordinances, resolu	o implement the strategy for this	her mechanisms (if any) will be he General Assembly, rate or fe
	solutions, lo	ice (e.g., ordinances, resolu fect?	o implement the strategy for this ges, etc.), and when will they tal	her mechanisms (if any) will be he General Assembly, rate or fe

If not, provide designated contact person(s) and phone number(s) below:

projects are consistent with the service delivery strategy? ⊠Yes □No

7. Person completing form: Roselyn H Starling - Deputy County Manager/CFO

Phone number: 478-472-7021

Date completed: Type Date Here

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service lis Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: FIRE PROTECTION
Check the box that best describes the agreed upon	delivery arrangement for this service:
☐ Service will be provided countywide (i.e., includir this box is checked, identify the government, authority	ng all cities and unincorporated areas) by a single service provider. (If ity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	d portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only w in unincorporated areas. (If this box is checked, iden	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only w service in unincorporated areas. (If this box is check service.):	rithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
☑Other (If this box is checked, <u>attach a legible ma</u> identify the government, authority, or other organiza <b>ATTACHED MAP</b>	tion that will provide service within each service area.): SEE
2. In developing this strategy, were overlapping servic identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method	
MACON COUNTY	GENERAL FUNDS; GRANTS	
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS	-1111)
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS	
CITY OF IDEAL	GENERAL FUNDS; GRANTS	
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the	ne county?
Macon County provides fire protection for the City of Marshallville.	

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmental agreement	Macon County & City of Marshallville	July 7, 2015

	y) will be used to implement rate or fee changes, etc.),		nces, resolutions, local
		 	We the second se

- 7. Person completing form: Roselyn H Starling Deputy County Manager/CFO
  Phone number: 478-472-7021 Date completed: Type Date Here
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

  Yes 
  No

If not, provide designated contact person(s) and phone number(s) below:







## FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as necessiould be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service:HOUSING
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): <b>FLINT AREA</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding I	Method
FA CONS HOUSING AUTHORITY	GENERAL FUNDS; GRANTS; STATE & F	FEDERAL
How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
IO QUANOF	ε	
IO CHANGE		
List any formal service delivery agree this service:	ements or intergovernmental contracts that w	rill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will I	contracting Parties  Doe used to implement the strategy for this service changes, etc.), and when will they take the	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will I	pe used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will I	pe used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will lacts of the General Assembly, rate or Person completing form: Roselyn H	pe used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will I acts of the General Assembly, rate or Person completing form: Roselyn H Phone number: 478-472-7021	be used to implement the strategy for this service changes, etc.), and when will they take of the changes of the change of	rvice (e.g., ordinances, resolutions, lo







## **FORM 2:** Summary of Service Delivery Arrangements

I	ictions.
Instri	ICTIONS:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: JAIL
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.): <b>MACON COUNTY</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only values in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method	
MACON COUNTY	GENERAL FUNDS; USER FEES; FINES	
CITY OF MONTEZUMA	FINES	
CITY OF MARSHALLVILLE	FINES	
CITY OF OGLETHORPE	FINES	
CITY OF IDEAL	FINES	
		100000

CITY OF MARSHALLVILLE	FINES	
CITY OF OGLETHORPE	FINES	
CITY OF IDEAL	FINES	
4. How will the strategy change th	ne previous arrangements for providing and/or fun-	ding this service within the county?
NO CHANGE		N .
k k		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that v	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovenrmental agreement	Macon County & City of Montezuma	
Intergovernmental agreement	Macon County & City of Marshallville	
Intergovernmental agreement	Macon County & City of Oglethorpe	
Intergovernmental agreement	Macon County & City of Ideal	
What other mechanisms (if any acts of the General Assembly, acts of the General Assembly)	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loca effect?
7. Person completing form: Rose Phone number: 478-472-7021	lyn H Starling - Deputy County Manager/CFO Date completed: Type Date Here	
Is this the person who should to projects are consistent with the	be contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated conta	act person(s) and phone number(s) below:	







## **FORM 2:** Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: LEAF & LIMB COLLECTION
Check the box that best describes the agreed upo	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, authorized the countywide (i.e., include the countywide the countywide (i.e., include the countywide (i.e., include the countywide the	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
⊠One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide CITIES OF MONTEZUMA, OGLETHORPE, MARS	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: SHALLVILLE, IDEAL
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible midentify</u> the government, authority, or other organiz	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of the c	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
CITY OF OGLETHORPE	GENERAL FUNDS; USER FEES;
CITY OF MONTEZUMA	GENERAL FUNDS; USER FEES
CITY OF MARSHALLVILLE	GENERAL FUNDS; USER FEES
CITY OF IDEAL	GENERAL FUND; USER FEES

CITY OF IDEAL	GENERAL FUND; USER FEES	
. How will the strategy change the	e previous arrangements for providing and/or fun	ding this service within the county?
NO CHANGE	T T	
this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
9		
. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
. Person completing form: Rosely Phone number: 478-472-7021	yn H Starling - Deputy County Manager/CFO Date completed: Type Date Here	
. Is this the person who should be	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated contact	ot person(s) and phone number(s) below:	







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

should be reported to the Department of Community Affairs.		
COUNTY:MACON COUNTY	Service:LIBRARY	
Check the box that best describes the agreed upon	on delivery arrangement for this service:	
☐ Service will be provided countywide (i.e., include this box is checked, identify the government, auth	ding all cities and unincorporated areas) by a single service provider. (If cority or organization providing the service.):	
Service will be provided only in the unincorpora checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is panization providing the service.):	
☑One or more cities will provide this service only in unincorporated areas. (If this box is checked, id SERVICES PROVIDERS; CITIES OF MONTEZU	within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:	
One or more cities will provide this service only service in unincorporated areas. (If this box is che service.):	within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the	
Other (If this box is checked, attach a legible ridentify the government, authority, or other organization)	map delineating the service area of each service provider, and zation that will provide service within each service area.):	
In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service	
☑ Yes (if "Yes," you must attach additional docur	nentation as described, below)	
□No		
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.	

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method	d
CITY OF OGLETHORPE	GENERAL FUNDS; OVERDUE FEES	
CITY OF MONTEZUMA	GENERAL FUNDS; PRIVATE DONATIONS; GRANTS	
CITY OF MARSHALLVILLE	GENERAL FUNDS; OVERDUE FEES; DONATIONS	
MACON COUNTY	GENERAL FUNDS	
		2
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	s service within the county?
NO CHANGE		
List any formal service delivery agree this service:	ments or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name		
Agreement Name  6. What other mechanisms (if any) will be	Contracting Parties  e used to implement the strategy for this service (efee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
Agreement Name  6. What other mechanisms (if any) will be	e used to implement the strategy for this service (e	e.g., ordinances, resolutions, local
Agreement Name  6. What other mechanisms (if any) will be	e used to implement the strategy for this service (e	e.g., ordinances, resolutions, local

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government

projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below:







## FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.	cessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service:MOSQUITO CONTROL
Check the box that best describes the agreed up	oon delivery arrangement for this service:
☐ Service will be provided countywide (i.e., incluthis box is checked, identify the government, authors.)	uding all cities and unincorporated areas) by a single service provider. (If hority or organization providing the service.):
Service will be provided only in the unincorpor checked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is ganization providing the service.):
	y within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:  UMA & OGLETHORPE
One or more cities will provide this service only service in unincorporated areas. (If this box is choservice.):	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organ	map delineating the service area of each service provider, and nization that will provide service within each service area.):
2. In developing this strategy, were overlapping ser identified?	rvice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docu	mentation as described, below)
⊠No	
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	tegy, attach an implementation schedule listing each step or action that ty and the agreed upon deadline for completing it.

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:  Agreement Name  Contracting Parties  Effective and Ending Date  Contracting Parties  Contracting Parties  Effective and Ending Date  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leads of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO  Phone number: 478-472-7021  Date completed: Type Date Here	Local Government or Authority	Funding I	Method
How will the strategy change the previous arrangements for providing and/or funding this service within the county?  NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:  Agreement Name  Contracting Parties  Effective and Ending Date and Ending Date of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021  Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No	CITY OF MONTEZUMA	GENERAL FUNDS	
NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:  Agreement Name  Contracting Parties  Effective and Ending Date  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leads of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021  Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No	CITY OF OGLETHORPE	GENERAL FUNDS	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:  Agreement Name  Contracting Parties  Effective and Ending Date    What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leads of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021  Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  Yes No			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:  Agreement Name  Contracting Parties  Effective and Ending Date    What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leads of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021  Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  Yes No	9		
Agreement Name  Contracting Parties  Effective and Ending Date  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Ending Date  Contracting Parties  Effective and Ending Date  Parties  Contracting Parties  Effective and Ending Date  Edited  Formally Service (e.g., ordinances, resolutions, leaders of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO  Phone number: 478-472-7021  Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  No			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:  **Agreement Name**  **Contracting Parties**  **Effective and Ending Date	. How will the strategy change the p	evious arrangements for providing and/or fund	ing this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:  **Agreement Name**  **Contracting Parties**  **Effective and Ending Date			×
Agreement Name  Contracting Parties  Effective and Ending Date  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Ending Date  Contracting Parties  Effective and Ending Date  Parties  Contracting Parties  Effective and Ending Date  Edited  Formally Service (e.g., ordinances, resolutions, leaders of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO  Phone number: 478-472-7021  Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  No	NO CHANGE		
Agreement Name  Contracting Parties  Effective and Ending Date  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leacts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021  Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?    Yes   No			
Agreement Name  Contracting Parties  Effective and Ending Date  Solution of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021  Date completed: Type Date Here  It is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?   Yes  No			
Agreement Name  Contracting Parties  Effective and Ending Date  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Effective and Ending Date  Contracting Parties  Effective and Ending Date  Ending Date  Contracting Parties  Effective and Ending Date  Parties  Contracting Parties  Effective and Ending Date  Edited  Formally Service (e.g., ordinances, resolutions, leaders of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO  Phone number: 478-472-7021  Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  No	. List any formal service delivery agr	eements or intergovernmental contracts that w	ill be used to implement the strategy for
. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leads of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?   Yes  No	this service:		199
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leacts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?   Yes  No	Agreement Name	Contracting Parties	Effective and Ending Dates
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  7. Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021 Date completed: Type Date Here  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?     No			
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  7. Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021 Date completed: Type Date Here  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?     No			
T. Person completing form: Roselyn H Starling - Deputy County Manager- CFO Phone number: 478-472-7021 Date completed: Type Date Here  S. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No	6. What other mechanisms (if any) will acts of the Congrel Assembly, rate	I be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No	acts of the General Assembly, rate	or lee changes, etc.), and when will they take e	enect?
Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No		2	
Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
Phone number: 478-472-7021 Date completed: Type Date Here  Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
Phone number: 478-472-7021 Date completed: Type Date Here  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?   Yes  No			
projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated contact person(s) and phone number(s) below:	. Person completing form: Roselyn I Phone number: 478-472-7021	H Starling - Deputy County Manager- CFO Date completed: Type Date Here	
400	Phone number: <b>478-472-7021</b> Is this the person who should be co	Date completed: Type Date Here ontacted by state agencies when evaluating wh	ether proposed local government
	Phone number: <b>478-472-7021</b> Is this the person who should be consistent with the server	Date completed: Type Date Here entacted by state agencies when evaluating where delivery strategy? ⊠Yes □No	ether proposed local government







## FORM 2: Summary of Service Delivery Arrangements

Inst	TII	cti	on	S

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should be reported to the Department of Community Affairs.	cary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service:PARKS
Check the box that best describes the agreed upor      Service will be provided countywide (i.e., includithis box is checked, identify the government, authorities).	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☑One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.): MACON COUNTY; CITY OF OGLETHOR	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the RPE
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, and overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of the	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Meth	ood	
MACON COUNTY	GENERAL FUNDS; GRANTS; DONATIONS		
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; DONATIONS		
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS; DONATIONS		
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS' DONATIONS		
4. How will the strategy change the prev	ious arrangements for providing and/or funding t	his service within the county?	
NO CHANGE			
this service:	ments or intergovernmental contracts that will be	×	
Agreement Name	Contracting Parties	Effective and Ending Dates	
	The Bullion and the Control of the C		
	The state of the s		
	be used to implement the strategy for this service fee changes, etc.), and when will they take effective		
2			
	Starling - Deputy County Manager/CFO Date completed: Type Date Here		
Phone number: <b>478-472-7021</b>	Pate completed: Type Date Here Eacted by state agencies when evaluating whether	er proposed local government	







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should be reported to the Department of Community Affairs.	, and page, and
COUNTY:MACON COUNTY	Service:PLANNING & ZONING
Check the box that best describes the agreed upo     Service will be provided countywide (i.e., includ this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If
	ed portion of the county by a single service provider. (If this box is
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the ITY; THE CITIES OF MONTEZUMA, MARSHALLVILLE & T HAVE PLANNING & ZONING.
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of the c	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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-		44	conti	I a I I I - Y a
		-		11.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Meth	nod	
MACON COUNTY	GENERAL FUNDS; ZONING FEES		
CITY OF MONTEZUMA	GENERAL FUNDS; ZONING FEES		
CITY OF MARSHALLVILLE	GENRAL FUNDS; ZONING FEES		
CITY OF OGLETHORPE	GENERAL FUNDS; ZONING FEES		
ATTENDED TO THE PARTY OF THE PA			
. How will the strategy change the prev	ious arrangements for providing and/or funding the	his service within the county?	
NO CHANGE  List any formal service delivery agree	ments or intergovernmental contracts that will be	used to implement the strategy for	
this service:  Agreement Name	Contracting Parties	Effective and Ending Dates	
. What other mechanisms (if any) will be acts of the General Assembly, rate or t	e used to implement the strategy for this service fee changes, etc.), and when will they take effect	(e.g., ordinances, resolutions, local ?	
		1	
	starling - Deputy County Manager/CFO ate completed: Type Date Here		

If not, provide designated contact person(s) and phone number(s) below:







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

should be reported to the Department of Community Affairs.				
COUNTY:MACON COUNTY	Service: PUBLIC DEFENDER			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>MACON COUNTY</b>			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

Local Government or Authority Funding Method				
MACON COUNTY	GENERAL FUNDS			
<b>*************************************</b>				
	-			
How will the strategy change t	he previous arrangements for providing and/or funding t	his service within the county?		
IO CHANGE	he previous arrangements for providing and/or funding to	£		
IO CHANGE  List any formal service delivery		£		
IO CHANGE  List any formal service delivery		£		
NO CHANGE  List any formal service delivery	y agreements or intergovernmental contracts that will be	e used to implement the strategy f		
IO CHANGE  List any formal service delivery	y agreements or intergovernmental contracts that will be  Contracting Parties	e used to implement the strategy for the		

7	Person completing form: Roselyn H Starling - Deputy County Manager/CFO Phone number: 478-472-7021 Date completed: Type Date Here
3	. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No
	If not, provide designated contact person(s) and phone number(s) below:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?







# FORM 2: Summary of Service Delivery Arrangements

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Answer each question below, attaching additional pages as n should be reported to the Department of Community Affairs.	ecessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: PUBLIC SAFETY/COMMUNICATIONS
Check the box that best describes the agreed to	upon delivery arrangement for this service:
Service will be provided countywide (i.e., inc this box is checked, identify the government, au	cluding all cities and unincorporated areas) by a single service provider. (If uthority or organization providing the service.):
Service will be provided only in the unincorporchecked, identify the government, authority or contact the contact of the conta	orated portion of the county by a single service provider. (If this box is organization providing the service.):
One or more cities will provide this service of in unincorporated areas. (If this box is checked,	nly within their incorporated boundaries, and the service will not be provided, identify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is c	nly within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the DUNTY; CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORE &
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and anization that will provide service within each service area.):
2. In developing this strategy, were overlapping sidentified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	cumentation as described, below)
⊠No	
If these conditions will continue under this strateg overlapping but higher levels of service (See O.C overlapping service areas or competition cannot be	y, attach an explanation for continuing the arrangement (i.e., e.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the str will be taken to eliminate them, the responsible pa	rategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method		
MACON COUNTY	GENERAL FUNDS; GRANTS; FINES		
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; FINES		
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS; FINES		
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS; FINES		
CITY OF IDEAL	GENERAL FUNDS; GRANTS; FINES		

CITY OF IDEAL GENERAL FUNDS; GRANTS; FINES				
I. How will the strategy change the	e previous arrangements for providing and/or fundi	ng this service within the county?		
NO CHANGE				
this service:	agreements or intergovernmental contracts that wil	3,		
Agreement Name	Contracting Parties	Effective and Ending Dates		
_				
6. What other mechanisms (if any) acts of the General Assembly, ra	) will be used to implement the strategy for this sendate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local ffect?		
7. Person completing form: Rosely Phone number: 478-472-7021	yn H Starling - Deputy County Manager/CFO Date completed: Type Date Here			
B. Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluating whe service delivery strategy? ⊠Yes ⊡No	ether proposed local government		
If not, provide designated contact	ct person(s) and phone number(s) below:			







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

* **	
COUNTY:MACON COUNTY	Service: RECREATION
Check the box that best describes the agreed upon	on delivery arrangement for this service:
Service will be provided countywide (i.e., included this box is checked, identify the government, authority the government, authority the government.     ■    ■    ■    ■    ■    ■    ■	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): <b>Macon County</b>
Service will be provided only in the unincorpora checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, id	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is che service.): MACON COUNTY; CITY OF MARSHAI	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the LLVILLE
Other (If this box is checked, <u>attach a legible nidentify</u> the government, authority, or other organization	nap delineating the service area of each service provider, and zation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	rice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority **Funding Method** MACON COUNTY GENERAL FUNDS; USER FEES; GRANTS 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? **NO CHANGE** 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name **Contracting Parties** Effective and Ending Dates 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form: Roselyn H Starling - Deputy County Manager/CFO Phone number: 478-472-7021 Date completed: Type Date Here 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No If not, provide designated contact person(s) and phone number(s) below:







## FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: SEWAGE TREATMENT
Check the box that best describes the agreed upo	n delivery arrangement for this service:
☐ Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
☑Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organize MONTEZUMA, MARSHALLVILLE, OGLETHORP	nap delineating the service area of each service provider, and ation that will provide service within each service area.): CITIES OF E, IDEAL
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

<ol> <li>List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g. enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impactives, bonded indebtedness, etc.).</li> </ol>
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Local Government or Authority	Funding	Method
CITY OF MONTEZUMA	USER FEES; GRANTS; LOANS; BOND I	NDEBTEDNESS
CITY OF MARSHALLVILLE	USER FEES; GRANTS; LOANS; BOND I	
CITY OF OGLETHORPE	USER FEES; GRANTS; LOANS; BOND I	NDERTEDNESS
CITY OF IDEAL	USER FEES; GRANTS; LOANS; BOND I	NDERTEDNESS
How will the strategy change the pro-	rious arrangements for providing and/or fund	
NO CHANGE		
Liot any joinnal service delivery agreer	ments or intergovernmental contracts that w	ill be used to implement the strategy
this service:  Agreement Name	Contracting Parties	
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# # # # # # # # # # # # # # # # # # #	0	
# # # # # # # # # # # # # # # # # # #	0	
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name  What other mechanisms (if any) will be	0	Effective and Ending Date
Agreement Name  What other mechanisms (if any) will be	Contracting Parties  E used to implement the strategy for this ser	Effective and Ending Date
Agreement Name  What other mechanisms (if any) will be	Contracting Parties  E used to implement the strategy for this ser	Effective and Ending Date
Agreement Name  What other mechanisms (if any) will be	Contracting Parties  E used to implement the strategy for this ser	Effective and Ending Date
Agreement Name  What other mechanisms (if any) will be	Contracting Parties  E used to implement the strategy for this ser	Effective and Ending Date
Agreement Name  What other mechanisms (if any) will be acts of the General Assembly, rate or fi	Contracting Parties  e used to implement the strategy for this serected changes, etc.), and when will they take e	Effective and Ending Date
Agreement Name  What other mechanisms (if any) will be acts of the General Assembly, rate or forms.	Contracting Parties  E used to implement the strategy for this ser	Effective and Ending Date

If not, provide designated contact person(s) and phone number(s) below:







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

should be reported to the Department of Community Affairs.				
COUNTY:MACON COUNTY	Service: SHERIFF'S DEPARTMENT			
Check the box that best describes the agreed	d upon delivery arrangement for this service:			
Service will be provided countywide (i.e., in this box is checked, identify the government, a	ncluding all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.): <b>MACON COUNTY</b>			
Service will be provided only in the unincor checked, identify the government, authority or	rporated portion of the county by a single service provider. (If this box is r organization providing the service.):			
One or more cities will provide this service in unincorporated areas. (If this box is checke	only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:			
One or more cities will provide this service service in unincorporated areas. (If this box is service.):	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ble map delineating the service area of each service provider, and ganization that will provide service within each service area.):			
2. In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional do	ocumentation as described, below)			
⊠No				
If these conditions will continue under this strate overlapping but higher levels of service (See O.0 overlapping service areas or competition cannot	egy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that the eliminated).			
If these conditions will be eliminated under the s will be taken to eliminate them, the responsible p	strategy, attach an implementation schedule listing each step or action that party and the agreed upon deadline for completing it.			

Page 1 of 2

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Local Government or Author	ity Funding I	Mathod
ACON COUNTY	GENERAL FUNDS; FINES; GRANTS	method
ow will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
		e
) CHANGE		
st any formal service delivery a is service:	greements or intergovernmental contracts that wi	Il be used to implement the strategy
ist any formal service delivery a is service:  Agreement Name		50)
is service.	greements or intergovernmental contracts that wi	Il be used to implement the strategy  Effective and Ending Date
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is service.		50)
is service.		50)
is service.		50)
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name  /hat other mechanisms (if any) v		Effective and Ending Date
Agreement Name  /hat other mechanisms (if any) v	Contracting Parties  Will be used to implement the strategy for this service.	Effective and Ending Date
Agreement Name  /hat other mechanisms (if any) v	Contracting Parties  Will be used to implement the strategy for this service.	Effective and Ending Date
Agreement Name  /hat other mechanisms (if any) v	Contracting Parties  Will be used to implement the strategy for this service.	Effective and Ending Date
Agreement Name  /hat other mechanisms (if any) v	Contracting Parties  Will be used to implement the strategy for this service.	Effective and Ending Date
Agreement Name  That other mechanisms (if any) was of the General Assembly, rate	Contracting Parties  will be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	Effective and Ending Date
Agreement Name  /hat other mechanisms (if any) vits of the General Assembly, rational contents of the General Assembly of the	Contracting Parties  Will be used to implement the strategy for this service.	Effective and Ending Date
Agreement Name  That other mechanisms (if any) of the General Assembly, rate erson completing form: Roselyr one number: 478-472-7021  This the person who should be of the General who should be of the General Assembly.	Contracting Parties  will be used to implement the strategy for this serve or fee changes, etc.), and when will they take etc.  H Starling - Deputy County Manager/CFO	rice (e.g., ordinances, resolutions, loffect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY:MACON	N COUNTY	Service: SOCIAL SERVICES
Service will b	De provided countywide (i.e.	eed upon delivery arrangement for this service: , including all cities and unincorporated areas) by a single service provider. (If
☐Service will be	e provided only in the uninco	t, authority or organization providing the service.): MACON COUNTY  orporated portion of the county by a single service provider. (If this box is or organization providing the service.):
☐One or more of in unincorporated	cities will provide this service d areas. (If this box is check	e only within their incorporated boundaries, and the service will not be provide ked, identify the government(s), authority or organization providing the service.
☐One or more of service in uninconservice.):	cities will provide this service prporated areas. (If this box is	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
☐Other (If this b identify the gover	ox is checked, <u>attach a legi</u> rnment, authority, or other or	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
<ol><li>In developing thi identified?</li></ol>	s strategy, were overlapping	g service areas, unnecessary competition and/or duplication of this service
	you must attach additional d	documentation as described, below)
⊠No		
overlapping but mg	will continue under this strate her levels of service (See O. e areas or competition canno	tegy, attach an explanation for continuing the arrangement (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that ot be eliminated).
f these conditions will be taken to elim	will be eliminated under the same them, the responsible	strategy, attach an implementation schedule listing each step or action that e party and the agreed upon deadline for completing it.
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Page 1 of 2

Local Government or Author	ity =	
MACON COUNTY	GENERAL FUNDS; STATE FUNDS; GR.	Method
	STATE TONDS, GR.	ANTS
How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
IO CHANGE		
List any formal service delivery ag	greements or intergovernmental contracts that w	ill be used to insulation the
his service:	o mortal contracts that w	in be used to implement the strategy
Agreement		100
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) w	Contracting Parties  rill be used to implement the strategy for this sense or fee changes, etc.), and when will they take e	
What other mechanisms (if any) w	vill be used to implement the stratogy for this and	
What other mechanisms (if any) w	vill be used to implement the stratogy for this and	
What other mechanisms (if any) w	vill be used to implement the stratogy for this and	
What other mechanisms (if any) w	vill be used to implement the stratogy for this and	
Vhat other mechanisms (if any) works of the General Assembly, rate	vill be used to implement the stratogy for this and	
Vhat other mechanisms (if any) works of the General Assembly, rate derson completing form: Roselyn hone number: 478-472-7021 as this the person who should be contact the contact of the c	rill be used to implement the strategy for this senter or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc







# SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service Answer each question below, attaching additional pages as nece should be reported to the Department of Community Affairs.	e <b>listed on FORM 1, Section III.</b> Use exactly the same service names listed on FORM 1. essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service:SOLID WASTE MANAGEMENT
Check the box that best describes the agreed upo	on delivery arrangement for this service:
Service will be provided countywide (i.e., include this box is checked, identify the government, authority	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
⊠One or more cities will provide this service only v service in unincorporated areas. (If this box is chec service.): SERVICE PROVIDERS; MACON COUNTIDEAL	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the TY; CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE,
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
these conditions will continue under this strategy, <u>att</u> verlapping but higher levels of service (See O.C.G.A. verlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).
these conditions will be eliminated under the strategy ill be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact

Local Government or Authority	Funding Method	
MACON COUNTY	USER FEES; LIFE INSURANCE PREMIUM TAX	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY OF MONTEZUMA	USER FEES	
CITY OF MARSHALLVILLE	USER FEES	1
CITY OF OLGETHORPE	USER FEES	-107
CITY OF IDEAL	USER FEES	

CITY OF MONTEZUMA		1 A V
	USER FEES; LIFE INSURANCE PREMIUM T	
CITY OF MARSHALLVILLE	USER FEES	- 3
CITY OF OLGETHORPE	USER FEES	
CITY OF IDEAL	USER FEES	
	SOLAT LEG	
How will the strategy chang	e the previous arrangements for providing and/or funding t	this service within the county?
O CHANGE		
MANUTURE CO.		
ist any formal service deliv	ery agreements or intergovernmental contracts that will be	upod for in-
ils service:	be a second contracts that will be	used to implement the strategy
Agreement Name		*
Agreement Wante	Contracting Parties	Effective and Ending Date
	Macon County & Transwaste Industries	July 1, 2012 - renews yrly
	City of Marshallville & Solid Waste MGT of Crisp Co	Aug 1, 1996 - July 31, 202
	City of Montezuma & Advanced Disposal	Oct 1, 2014 - Dec 31, 2019
	City of Oglethorpe & Transwaste Industries	Jan 1 2012 - Dec 30, 2016
	City of Ideal - Transwaste Industries	Jan 1, 2012 - Dec 30, 2016
		0aii 1, 2012 - Dec 30, 2016
hat other mechanisms (if a	ny) will be used to implement the strategy for this service ( v, rate or fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, lo
——————————————————————————————————————	, rate of 100 changes, etc.), and when will they take effect?	?
to of the General Assembly	, rate of 100 changes, etc.), and when will they take effect?	?
erson completing form: <b>Ros</b>	selvn H Starling - Deputy County Clark(CEO	?
erson completing form: Rosone number: 478-472-7021	selyn H Starling - Deputy County Clerk/CFO	
erson completing form: <b>Ros</b> one number: <b>478-472-702</b> 1 this the person who should jects are consistent with th	selyn H Starling - Deputy County Clerk/CFO  Date completed: Type Date Here	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III.

	Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	<b>listed on FORM 1, Section III.</b> Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
	COUNTY:MACON COUNTY	Service:STREET CLEANING
	Check the box that best describes the agreed upon      Service will be provided countywide (i.e., includithis box is checked, identify the government, authorities).	5II -70
	Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	☑One or more cities will provide this service only win unincorporated areas. (If this box is checked, ider CITY OF MONTEZUMA WILL PROVIDE SERVICE	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:  TO ANY OTHER MUNICIPALITY THROUGH CONTRACT
	One or more cities will provide this service only w service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	Other (If this box is checked, <u>attach a legible ma</u> identify the government, authority, or other organizar	ton that will provide service within each service area.):
2	. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
	☐ Yes (if "Yes," you must attach additional document   ☑ No	ntation as described, below)
יכ	verlapping service areas or competition cannot be elir	
f	these conditions will be eliminated under the strategy ill be taken to eliminate them, the responsible party ar	nd the agreed upon deadline for completing it.
		Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
CITY OF MONTEZUMA	GENERAL FUNDS
CITY OF MARSHALLVILLE	GENERAL FUNDS
CITY OF OGLETHORPE	GENERAL FUNDS
CITY OF IDEAL	GENERAL FUNDS
U 20 a	
How will the strategy change the prev	rious arrangements for providing and/or funding this service within the second of
How will the strategy change the prev	rious arrangements for providing and/or funding this service within the county?
How will the strategy change the prev	rious arrangements for providing and/or funding this service within the county?
4	ious arrangements for providing and/or funding this service within the county?
How will the strategy change the prev	rious arrangements for providing and/or funding this service within the county?
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4	rious arrangements for providing and/or funding this service within the county?
O CHANGE	rious arrangements for providing and/or funding this service within the county?

Agreement Name	Contracting Parties	Effective and Ending Date
		Enceive and Ending Date.

6. What other mechanisms (if any) will be used	d to implement the strategy for this service (e.g., ordinances, etc.), and when will thou take offerto.	
acts of the General Assembly, rate or fee ch	anges, etc.), and when will they take effect?	lances, resolutions, loca

- 7. Person completing form: Roselyn H Starling Deputy County Manager/CFO
  Phone number: 478-472-7021 Date completed: Type Date Here
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No

If not, provide designated contact person(s) and phone number(s) below: JOYCE HARDY - CITY OF MONTEZUMA - 478-472-8144







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each s Answer each question below, attaching additional pages should be reported to the Department of Community Affai	service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. as necessary. If the contact person for this service (listed at the bottom of the page) changes, this irs.
COUNTY:MACON COUNTY	Service:STREET LIGHTING
1. Check the box that best describes the agree	ed upon delivery arrangement for this service:
Service will be provided countrated at	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincochecked, identify the government, authority o	rporated portion of the county by a single service provider. (If this box is organization providing the service.):
☑One or more cities will provide this service in unincorporated areas. (If this box is checke CITIES OF MONTEZUMA, MARSHALLVILL	only within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
One or more cities will provide this service service in unincorporated areas. (If this box is service.):	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legit</u> identify the government, authority, or other organization)	ple map delineating the service area of each service provider, and ganization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional do	ocumentation as described, below)
these conditions will continue under this strate verlapping but higher levels of service (See O.C verlapping service areas or competition cannot	gy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
these conditions will be eliminated under the st rill be taken to eliminate them, the responsible p	crategy, attach an implementation schedule listing each step or action that earty and the agreed upon deadline for completing it.
	Page 1 of 2

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding	g Method
CITY OF MONTEZUMA	GENERAL FUNDS	<i>J.mounou</i>
CITY OF MARSHALLVILLE	GENERAL FUNDS	
ITY OF OGLETHORPE	GENERAL FUNDS	
ITY OF IDEAL	GENERAL FUNDS	
low will the strategy change the prev	ious arrangements for providing and/or fun	iding this service within the county?
O CHANGE		a
st any formal parties of the		
st any formal service delivery agreer s service:	nents or intergovernmental contracts that w	vill be used to implement the strategy
ist any formal service delivery agreer is service:  Agreement Name		8
*	nents or intergovernmental contracts that w  Contracting Parties	8
*		8
*		8
*		vill be used to implement the strategy  Effective and Ending Date
*		8
*		8
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name  hat other mechanisms (if any) will be		Effective and Ending Date
Agreement Name  hat other mechanisms (if any) will be	Contracting Parties	Effective and Ending Date
Agreement Name  hat other mechanisms (if any) will be	Contracting Parties	Effective and Ending Date

7. Person completing form: Roselyn H Starling - Deputy County ManagerCFO
Phone number: 478-472-7021 Date completed: Type Date Here

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No

If not, provide designated contact person(s) and phone number(s) below: JOYCE HARDY - CITY OF MONTEZUMA - 478-472-8144







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each s Answer each question below, attaching additional pages a should be reported to the Department of Community Affair	service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. as necessary. If the contact person for this service (listed at the bottom of the page) changes, this rs.
COUNTY:MACON COUNTY	Service: STREETS & ROAD MAINTENANCE
Check the box that best describes the agree	ed upon delivery arrangement for this service:
Service will be provided countywide (i.e., this box is checked, identify the government,	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincorchecked, identify the government, authority of	rporated portion of the county by a single service provider. (If this box is organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is checke	only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:
☑One or more cities will provide this service service in unincorporated areas. (If this box is service.): MACON COUNTY; CITIES OF MOI	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the NTEZUMA, MARSHALLVILLE, OGLETHORPE & IDEAL
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	ple map delineating the service area of each service provider, and ganization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional do	ocumentation as described, below)
⊠No	
f these conditions will continue under this strated overlapping but higher levels of service (See O.C overlapping service areas or competition cannot	gy, <u>attach an explanation for continuing the arrangement</u> (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
f these conditions will be eliminated under the st vill be taken to eliminate them, the responsible p	trategy, attach an implementation schedule listing each step or action that party and the agreed upon deadline for completing it.
	Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact

Local Government or Authority CITY OF MONTEZUMA	Funding Method	
	GENERAL FUNDS; GRANTS; SPLOST; TSPLOST	S. Luna
CITY OF MARSHALLVILLE	GENERAL FUNDS: ORANTO, OF LOST, TSPLOST	
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS ;SPLOST; TSPLOST	
	GENERAL FUNDS; GRANTS; SPLOST; TSPLOST	
CITY OF IDEAL	GENERAL FUNDS; GRANTS; SPLOST; TSPLOST	
MACON COUNTY	OFMER WET ONDS, GRANTS; SPLOST; TSPLOST	
10014 0001411	GENERAL FUNDS; GRANTS; SPLOST; TSPLOST	
AND THE RESERVE OF THE PARTY OF		

CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS ;SPLOST;	TSPLOST
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS; SPLOST	TSPLOST
CITY OF IDEAL	GENERAL FUNDS; GRANTS; SPLOST:	TSPLOST
MACON COUNTY	GENERAL FUNDS; GRANTS; SPLOST;	TSPLOST
. How will the strategy change the	previous arrangomento for	
	previous arrangements for providing and/or fund	ding this service within the county?
NO CHANGE		×
STIVITOL		
List any formal service delivery ag	greements or intergovernmental contracts that w	ill he used to implement the
uns service:	and w	in be used to implement the strategy
Agreement Name	Contracting Parties	Fee (
	someoning raines	Effective and Ending Date
What other mechanisms (if and)	2000	
acts of the General Assembly rate	rill be used to implement the strategy for this server or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
, rate	of the changes, etc.), and when will they take e	ffect?
Person completing form: Roselyn	H Starling - Deputy County Manager/CFO	
hone number: 478-472-7021	Date completed: Type Date Here	
s this the person who should be a		
rojects are consistent with the ser	ontacted by state agencies when evaluating whe vice delivery strategy?  Yes  No	ther proposed local government
not, provide designated contact p	erson(s) and phone number(s) below:	
5 p	and priorie flumber(s) below:	







# Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as necessional be reported to the Department of Community Affairs.	<b>listed on FORM 1, Section III.</b> Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: TAX APPRAISAL
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countravide (i.e. i	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): MACON COUNTY
	ad wanting of the
One or more cities will provide this service only win unincorporated areas. (If this box is checked, identification)	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only w service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible ma</u> identify the government, authority, or other organization	np delineating the service area of each service provider, and tion that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional documer ☐ <b>No</b>	ntation as described, below)
If these conditions will continue under this strategy, <u>atta</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be elir	ach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).
f these conditions will be eliminated under the strategy will be taken to eliminate them, the responsible party ar	nd the agreed upon deadline for completing it.

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority **Funding Method** MACON COUNTY GENERAL FUNDS 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NO CHANGE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for Agreement Name **Contracting Parties** Effective and Ending Dates 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

7. Person completing form: Roselyn H Starling - Deputy County Manager- CFO
Phone number: 478-472-7021 Date completed: Type Date Here

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below:







## SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1

Answer each question below, attaching additional pages as no should be reported to the Department of Community Affairs.	ice listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ecessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:MACON COUNTY	Service: TAX COLLECTION
Check the box that best describes the agreed u	pon delivery arrangement for this service:
	uding all cities and unincorporated areas) by a single service provider. (If
MACON COUNTY TAX COMMISSIONER	
Service will be provided only in the unincorpor checked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is ganization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, in	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is che service.):	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible</u> identify the government, authority, or other organi	map delineating the service area of each service provider, and zation that will provide service within each service area.):
2. In developing this strategy, were overlapping sen identified?	vice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docur	mentation as described, below)
⊠No	
If these conditions will continue under this strategy, coverlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact

	Funding Method
GENERAL FUNDS	
GENERAL FUNDS	
GENERAL FUNDS	
Section of the sectio	
	GENERAL FUNDS GENERAL FUNDS GENERAL FUNDS GENERAL FUNDS GENERAL FUNDS

CITT OF MONTEZUMA	GENERAL FUNDS	
CITY OF MARSHALLVILLE	GENERAL FUNDS	
CITY OF OGLETHORPE	GENERAL FUNDS	
CITY OF IDEAL	GENERAL FUNDS	
. How will the strategy change the	previous arrangements for providing and/or fu	anding this sonion within the
	,	maing this service within the county?
NO CHANGE		
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uns service:	8	The strategy f
Agreement Name	Contracting Parties	Effective and Ending D
		Effective and Ending Date
What other mechanisms (if any) w	ill be used to implement the attacks and the	
acts of the General Assembly, rate	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc
	o , , , , , and , will they take	enect?
Person completing form: Roselyn Phone number: 478-472-7021	H Starling - Deputy County Manager/CFO Date completed: Type Date Here	
s this the person who should be co	intacted by state agencies when evaluating when	hether proposed local
e of the consistent with the serv	rice delivery strategy? ⊠Yes □No	detrei proposed local government
,	nee delivery strategy? A res INO	nettier proposed local government
2	rice delivery strategy? ⊠Yes ⊡No erson(s) and phone number(s) below:	nettier proposed local government







# FORM 2: Summary of Service Delivery Arrangements

Instructions:

JNTY:MACON COUNTY	Service: TRANSPORTATION
	SOLVIGE: THANSPORTATION
neck the box that best describes the agreed u	pon delivery arrangement for this service:
Service will be provided countywide (i.e., incless box is checked, identify the government, aut ACON COUNTY	hodin n n ve
Service will be provided only in the unincorpor ecked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is ganization providing the service.):
One or more cities will provide this service only inincorporated areas. (If this box is checked, i	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
One or more cities will provide this service only vice in unincorporated areas. (If this box is che vice.):	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible in the government, authority, or other organic	map delineating the service area of each service provider, and ization that will provide service within each service area.):
eveloping this strategy, were overlapping sentified?	vice areas, unnecessary competition and/or duplication of this service
es (if "Yes," you must attach additional docur	mentation as described, below)
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e conditions will continue under this strategy, pping but higher levels of service (See O.C.G. oping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
e conditions will be eliminated under the strate taken to eliminate them, the responsible party	egy, <u>attach an implementation schedule</u> listing each step or action that y and the agreed upon deadline for completing it.

<ol> <li>List each government or authority that will help to pay for the enterprise funds, user fees, general funds, special service of fees, bonded indebtedness, etc.).</li> </ol>	nis service and indicate how the service will be funded (e.g., district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	

	prity Fundin	g Method
MACON COUNTY	GENERAL FUNDS; GRANTS; FEES	
E-I-G State-Protect		
How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
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ist any formal comics at all	The state of the s	
is service:	agreements or intergovernmental contracts that v	will be used to implement the start
iis service.		mile dated to implement the strategy f
Agrana		
Agreement Name	Contracting Parties	Effective and E
		Effective and Ending Date
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/hat other mechanisms (if any)	will be used to implement the strategy for this se	rvice (e.g. ordinances resolutions less
/hat other mechanisms (if any)	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loca
/hat other mechanisms (if any) ts of the General Assembly, ra	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, local
/hat other mechanisms (if any) ts of the General Assembly, ra	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, local
/hat other mechanisms (if any) its of the General Assembly, ra	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, localeffect?
/hat other mechanisms (if any) its of the General Assembly, ra	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, localeffect?
/hat other mechanisms (if any) ts of the General Assembly, ra	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, localeffect?
/hat other mechanisms (if any) ts of the General Assembly, ra	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, local
/hat other mechanisms (if any) ts of the General Assembly, ra	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, localeffect?
	o , , and mon will they take	rvice (e.g., ordinances, resolutions, local
erson completing form: <b>Rosely</b>	1 H Starling - Deputy County Manager/CEO	rvice (e.g., ordinances, resolutions, local
	1 H Starling - Deputy County Manager/CEO	rvice (e.g., ordinances, resolutions, local
erson completing form: <b>Rosely</b> i one number: <b>478-472-7021</b>	n <b>H Starling - Deputy County Manager/CFO</b> Date completed: Type Date Here	enect?
erson completing form: <b>Rosely</b> one number: <b>478-472-7021</b> this the person who should be	1 H Starling - Deputy County Manager/CFO Date completed: Type Date Here	enect?
erson completing form: <b>Rosely</b> one number: <b>478-472-7021</b> this the person who should be	1 H Starling - Deputy County Manager/CFO Date completed: Type Date Here	enect?
erson completing form: <b>Rosely</b> one number: <b>478-472-7021</b> this the person who should be ejects are consistent with the se	TH Starling - Deputy County Manager/CFO Date completed: Type Date Here contacted by state agencies when evaluating where delivery strategy? ⊠Yes □No	enect?
erson completing form: <b>Rosely</b> one number: <b>478-472-7021</b> this the person who should be ejects are consistent with the se	TH Starling - Deputy County Manager/CFO Date completed: Type Date Here contacted by state agencies when evaluating where delivery strategy? ⊠Yes □No	enect?
erson completing form: <b>Rosely</b> one number: <b>478-472-7021</b> this the person who should be ejects are consistent with the se	1 H Starling - Deputy County Manager/CFO Date completed: Type Date Here	enect?
erson completing form: <b>Rosely</b> one number: <b>478-472-7021</b> this the person who should be ejects are consistent with the se	TH Starling - Deputy County Manager/CFO Date completed: Type Date Here contacted by state agencies when evaluating where delivery strategy? ⊠Yes □No	enect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use

COUNTY:MACON COUNTY	Service: VOTER REGISTRATION
1. Check the box that best describes the agree	d upon delivery arrangement for this service
Service will be provided countywide (i.e.	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.): MACON COUNTY
Service will be provided only in the unincorchecked, identify the government, authority of	rporated portion of the county by a single service provider. (If this box is r organization providing the service.):
☐One or more cities will provide this service in unincorporated areas. (If this box is checke	only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:
One or more cities will provide this service service in unincorporated areas. (If this box is service.):	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other org	ple map delineating the service area of each service provider, and ganization that will provide service within each service area.):
2. In developing this strategy, were overlapping sidentified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional do	cumentation as described, below)
⊠No	
these conditions will continue under this strated verlapping but higher levels of service (See O.C verlapping service areas or competition cannot	gy, <u>attach an explanation for continuing the arrangement</u> (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
these conditions will be eliminated under the still be taken to eliminate them, the responsible particles and the still be taken to eliminate them.	rategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.
	Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact Local Government or Authority **Funding Method** MACON COUNTY **GENERAL FUNDS** 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NO CHANGE 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for Agreement Name Contracting Parties Effective and Ending Dates 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form: Roselyn H Starling - Deputy County Manager/CFO Phone number: 478-472-7021 Date completed: Type Date Here 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No If not, provide designated contact person(s) and phone number(s) below:







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Us

COUNTY:MACON COUNTY	Service: WATER TREATMENT & DISTRIBUTION
1. Check the box that best describes the agreed	Upon delivony error and the second
Coming III	apon delivery arrangement for this service:
this box is checked, identify the government, a	cluding all cities and unincorporated areas) by a single service provider. (If uthority or organization providing the service.):
Service will be provided only in the unincorp checked, identify the government, authority or o	orated portion of the county by a single service provider. (If this box is organization providing the service.):
One or more cities will provide this service of in unincorporated areas. (If this box is checked,	nly within their incorporated boundaries, and the service will not be provided, identify the government(s), authority or organization providing the service:
One or more cities will provide this service or service in unincorporated areas. (If this box is c service.):	nly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the
☑Other (If this box is checked, <u>attach a legible</u> identify the government, authority, or other orga PROVIDERS; CITIES OF MONTEZUMA, MAR	e map delineating the service area of each service provider, and nization that will provide service within each service area.): SERVICE SHALLVILLE, OGLETHORPE, IDEAL
In developing this strategy, were overlapping seidentified?	ervice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional doc	umentation as described, below)
⊠No	
hese conditions will continue under this strategy erlapping but higher levels of service (See O.C.0 erlapping service areas or competition cannot be	g, attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
hose conditions will be a second	attegy, attach an implementation schedule listing each step or action that

 List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority CITY OF MONTEZUMA	Funding Method
	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS
CITY OF MARSHALLVILLE	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS
CITY OF OGLETHORPE	USER FEES: CRANTO LOANS, BOND INDEBTEDNESS
CITY OF IDEAL	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS
	USER FEES; GRANTS; LOANS; BOND INDEBTEDNESS

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4. 1	ow will the strategy change the previous arrangements for providing and/or funding this service within the county?
	and dividing the previous arrangements for providing and/
	and/or funding this contine with:
-	and raining this service within the county?

NO CHANGE. SEE ATTACHMENT FOR JUSTIFICATION FOR HIGHER WATER RATES FOR OGLETHORPE WATER CUSTOMER, MACON STATE PRISON.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Date

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	ordinances, resolutions, lo	cal

- 7. Person completing form: Roselyn H Starling Deputy County Manager/CFO Phone number: 478-472-7021 Date completed: Type Date Here
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below:







#### COUNTY: MACON COUNTY

required by law (see Instructions, FORM 4).]

#### I. GENERAL INSTRUCTIONS:

- 1. FORM 1 is required for ALL SDS submittals. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and authority within the county that are continuing without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

#### **OPTION A OPTION B** Revising or Adding to the SDS Extending the Existing SDS 4. List all services provided or primarily funded by each 4. In Section IV type, "NONE." general purpose local government and authority within 5. Complete one copy of the Certifications for Extension of the county which are revised or added to the SDS in Existing SDS form (FORM 5) and have it signed by the Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery authorized representatives of the participating local strategy.) governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see 5. For each service or service component listed in Section Instructions, FORM 5).] IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2). 6. Proceed to step 7, below. 6. Complete one copy of the Certifications form (FORM 4) For answers to most frequently asked questions on and have it signed by the authorized representatives of Georgia's Service Delivery Act, links and helpful participating local governments. [Please note that DCA cannot publications, visit DCA's website at validate the strategy unless it is signed by the local governments http://www.dca.ga.gov/development/PlanningQ

7. If any of the conditions described in the existing Summary of Land Use Agreements form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.

ualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279,

8. Provide the completed forms and any attachments to your regional commission. The regional commission will upload digital copies of the SDS documents to the Department's password-protected web-server.

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN OFFICIAL UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE "OPTION A" PROCESS DESCRIBED, ABOVE.

### II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

MACON COUNTY

CITY OF IDEAL

CITY OF MARSHALLVILLE

CITY OF MONTEZUMA

CITY OF OGLETHORPE

FLINT AREA HOUSING AUTHORITY

DEVELOPMENT AUTHORITY OF MACON COUNTY

## III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:

In this section, list each service or service component already included in the existing SDS which can continue as previously agreed with no need for modification.

**AIRPORT** 

**CEMETERIES** 

**COURT SERVICES** 

**ECONOMIC DEVELOPMENT** 

**EMERGENCY MANAGEMENT** 

**EMERGENCY MEDICAL SERVICE** 

HOUSING

JAIL

**LEAF & LIMB COLLECTION** 

LIBRARY

MOSQUITO CONTROL

**PARKS** 

**PLANNING & ZONING** 

RECREATION

SEWAGE TREATMENT

SHERIFF'S DEPARTMENT

SOCIAL SERVICES

STREET CLEANING

STREET LIGHTING

STREETS & ROAD MAINTENANCE

TAX APPRAISAL

TAX COLLECTION

**TRANSPORTATION** 

VOTER REGISTRATION

WATER TREATMENT & DISTRIBUTION

## IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

BOARD OF ELECTIONS
BUILDING INSPECTION
DOWNTOWN DEVELOPMENT
EMERGENCY DISPATCH - E911
FIRE PROTECTION
JAIL
PUBLIC SAFETY/COMMUNICATION
PUBLIC DEFENDER

SOLID WASTE MANAGEMENT







# Service Delivery Strategy FORM 3: Summary of Land Use Agreements

### Instructions: Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require an update of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of **COUNTY: Macon County** 1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy? NO CONFLICTS WERE IDENTIFIED 2. Check the boxes indicating how these incompatibilities or conflicts were addressed: NOTE: Amendments to existing comprehensive plans If the necessary plan amendments. ☐ Adoption of a joint comprehensive plan regulations, ordinances, etc. have not yet been formally adopted, indicate when Other measures (amend zoning ordinances, add environmental regulations, etc.) each of the affected local governments will adopt them. If "other measures" was checked, describe these measures: Describe "Other" Measures Here 3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Macon County and each Municipality that provides water and sewer service have formally adopted waste and sewer service boundaries. (See attached Map) In addition, each water and sewer provider has formally adopted an intergovernmental agreement for the provision of extraterritorial water/sewer services. Prior to the initiation of any extension of water/sewer services outside the adopted service boundaries, the provider proposing the extension will notify the affected jurisdication in writing of the proposed extension to include the purpose of the extension and the proposed land use associated with the extension. Within 15 working days, the affected jurisdiction will respond to the proposed extension by either indicating it does or does not object to the proposed extension. If no objection is received, then the provider is free to proceed with the extension. However, if an objection is raised, the provider proposing the extension shall respond to the objection within 15 days by agreeing with the objection and stopping action, or agreeing to implement the conditions put forth by the affected jurisdication or by initiating 30 day mediation process or disagreeing with the affected jurisdications objections and proposes to seek declatory judgment in court. 4. Person completing form: Roselyn H Starling Phone number: Deputy County Manager/CFO Date completed: Type Date Here

5. Is this the person who should be contacted by state agencies when evaluating whether proposed local government

projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated con	tact person(s) and phone number(s) below:	
TYPE CONTACT NAME, TIT	LE & PHONE HERE	

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## FORM 5: Certifications for Extension of Existing SDS

Instructions: This two page form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

If the strategy for providing **ANY** local service is being revised, FORM 5 <u>CANNOT</u> be used. When revisions are necessary, a submittal <u>MUST</u> include updates to FORM 1, FORM 2, and FORM 4 that cover ALL local services.

#### COUNTY: MACON COUNTY

We, the undersigned authorized representatives of the jurisdictions listed below, certify that:

1. We have reviewed our existing Service Delivery Strategy (SDS) and have determined that it continues to accurately reflect our preferred arrangements for providing **ALL** local services throughout our county and no changes in our Strategy are needed at this time. We authorize its extension until:

Select 1 box, below	Type End-Year Below
☐ February 28, ☐ June 30,	2016
⊠ October 31,	2010

- 2. Each of our governing bodies (County Commission and City Councils) that are a party to this strategy have adopted resolutions agreeing to the Service Delivery arrangements identified in our strategy and have executed agreements for implementation of our service delivery strategy (O.C.G.A. 36-70-21);
- 3. Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));
- 4. Our service delivery strategy continues to provide that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 5. Our service delivery strategy continues to ensure that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3));
- 6. Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A)):
- 7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- 8. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

SDS FORM 5, continued					
JURISDICTION	TITLE	NAME	SIGNATURE	DATE	
CITY OF IDEAL	MAYOR	KATHY GORDON		DATE	
CITY OF MARSHALLVILLE	MAYOR	ADELINE FELTON			
CITY OF MONTEZUMA	MAYOR	LARRY SMITH			
CITY OF OGLETHORPE	MAYOR	BRUCE P HILL			
DEVELOPMENT AUTHORITY OF MACON COUNTY	EXECUTIVE DIRECTOR	GERALD BECKUM			
FLINT AREA HOUSING AUTHORITY	EXECUTIVE DIRECTOR				
MACON COUNTY	COMMISSION CHAIRMAN	MICKEY GEORGE	*		
			8		
	s				